Illinois Department of Public Health							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X1)		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _				
		IL6016711	B. WING		03/3	0/2016	
			DRESS, CITY, ST	TATE ZIP CODE			
NAME OF F	PROVIDER OR SUPPLIER		T ILES AVEN				
CONCOR	RDIA VILLAGE CARE		ELD, IL 6271				
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S 000	Initial Comments		S 000				
	Complaint 1641529	9/IL84202	and unanounted AVOVORS				
60000	Final Observations		S9999				
59999	Final Observations		Advantage				
	Statement of Licen	sure Violation :	Quantum management and an analysis				
	300.610a						
	300.1210b)c) 300.3240a						
			Account to the second s			7.500	
	Section 300.610 R	esident Care Policies	0000				
	a) The facility shall procedures govern	have written policies and ing all services provided by the	Links of the state				
	facility. The written	policies and procedures shall	and the second s				
	be formulated by a Committee consist	Resident Care Policy	A CONTRACTOR OF THE CONTRACTOR				
	administrator, the	advisory physician or the	0000				
	medical advisory c	ommittee, and representatives	namen of the Additional Control				
	of nursing and other	er services in the facility. The bly with the Act and this Part.	BARNING TO A TO				
	The written policies	s shall be followed in operating					
	the facility and sha	all be reviewed at least annually documented by written, signed					
	and dated minutes	of the meeting.					
	Section 300.1210	General Requirements for					
	Nursing and Perso	onal Care I provide the necessary care					
	and services to att	ain or maintain the highest					
	practicable physica	al, mental, and psychological	de Aventa de Partir de Par				
	well-being of the re	esident, in accordance with mprehensive resident care	2000 30 50 50 50 50 50 50 50 50 50 50 50 50 50				
	plan. Adequate an	d properly supervised nursing					
	care and personal	care shall be provided to each ne total nursing and personal	Leave and the second se				
	care needs of the	resident.	ndrode-consulta				
	c) Each direct care	e-giving staff shall review and	NATIONAL PROPERTY OF THE PROPE			A de solution	
	be knowledgeable	about his or her residents'					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

respective resident care plan.

TITLE (X6) DATE

04/14/16

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: ___ C 03/30/2016 B. WING IL6016711 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4101 WEST ILES AVENUE CONCORDIA VILLAGE CARE CENTER SPRINGFIELD, IL 62711 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements are not met as evidenced by: Based on observation, record review and interview, the facility failed to recognize, assess and manage pain for 2 of 5 residents (R3 and R5) reviewed for pain management in the sample of 5. This failure resulted in R3 and R5 experiencing increased pain and discomfort without receiving adequate pain medication before therapies or providing care that required movement. Findings include: 1. The Physician's Order Sheet (POS), dated 10/31/13, documented R5 had the following diagnoses, in part as, Lewy Body Dementia, History of Falls with Left Hip Fracture (not repaired), Chronic Edema and Pain. The POS, dated 10/31/13, documented "Pain Assessment every 72 hours." R5's Physician's Order, dated 12/20/15, documented an order for Tramadol HCL 50 millgrams (mg), give every four hours as needed for two days. The POS, dated 12/22/15, documented an order for Acetaminophen 1,000 mg three times per day. On 12/24/15, the POS documented an order for Fentanyl patch 12 micrograms (mcg)/hour, change every three days. However, this patch was discontinued on 12/27/15 per family request due to causing R5 to

become lethargic. On 02/25/16, the POS documented Morphine 100 mg/5 milliliters (ml),

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Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: С 03/30/2016 IL6016711

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

4101 WEST ILES AVENUE

CONCORDIA VILLAGE CARE CENTER 4101 WEST ILES AVENUE SPRINGFIELD, IL 62711						
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE			
Continued From page 2 give 0.125 ml every four hours.	S9999					
R5's Minimum Data Set (MDS), dated 02/25/16, documented R5 was moderately cognitively impaired and required total assistance of two staff for bed mobility, transfers, dressing, hygiene, bathing and toileting. The MDS also documented R5 had scheduled pain medications and that a pain assessment should be conducted. There was no pain assessment documented in R5's medical record.						
R5's Care Plan, dated 02/13/16, documented "Observe and monitor me (R5) for pain and offer me medication that I have ordered if needed."						
R5's Nurse's note, dated 12/19/15 at 4:05 PM, documented R5 sustained a left hip fracture from a fall at the facility. On 12/20/15, R5's Nurse's Note documented R5 returned from the hospital with an order for Tramadol for pain control. There was no documentation that this was ever given to R5. On 12/21/16 at 7:50 PM, R5's Nurse's Note documented R5 rated pain at a 6 out of 10, however there was no documentation of R5 receiving any pain medication. This Nurse's note documented R5's family did not want surgical repair done due to R5's poor health condition.						
On 12/22/15 at 12:05 AM, R5's Nurse's Note documented R5 "grimacing with movement." However, there was no documentation of the facility giving any pain medication until 12/22/15 at 9:00 PM.						
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 give 0.125 ml every four hours. R5's Minimum Data Set (MDS), dated 02/25/16, documented R5 was moderately cognitively impaired and required total assistance of two staff for bed mobility, transfers, dressing, hygiene, bathing and toileting. The MDS also documented R5 had scheduled pain medications and that a pain assessment should be conducted. There was no pain assessment documented in R5's medical record. R5's Care Plan, dated 02/13/16, documented "Observe and monitor me (R5) for pain and offer me medication that I have ordered if needed." R5's Nurse's note, dated 12/19/15 at 4:05 PM, documented R5 sustained a left hip fracture from a fall at the facility. On 12/20/15, R5's Nurse's Note documented R5 returned from the hospital with an order for Tramadol for pain control. There was no documentation that this was ever given to R5. On 12/21/16 at 7:50 PM, R5's Nurse's Note documented R5 rated pain at a 6 out of 10, however there was no documentation of R5 receiving any pain medication. This Nurse's note documented R5's family did not want surgical repair done due to R5's poor health condition. On 12/22/15 at 12:05 AM, R5's Nurse's Note documented R5 "grimacing with movement." However, there was no documentation of the facility giving any pain medication until 12/22/15	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 give 0.125 ml every four hours. R5's Minimum Data Set (MDS), dated 02/25/16, documented R5 was moderately cognitively impaired and required total assistance of two staff for bed mobility, transfers, dressing, hygiene, bathing and toileting. The MDS also documented R5 had scheduled pain medications and that a pain assessment should be conducted. There was no pain assessment documented in R5's medical record. R5's Care Plan, dated 02/13/16, documented "Observe and monitor me (R5) for pain and offer me medication that I have ordered if needed." R5's Nurse's note, dated 12/19/15 at 4:05 PM, documented R5 sustained a left hip fracture from a fall at the facility. On 12/20/15, R5's Nurse's Note documented R5 returned from the hospital with an order for Tramadol for pain control. There was no documentation that this was ever given to R5. On 12/21/16 at 7:50 PM, R5's Nurse's Note documented R5 rated pain at a 6 out of 10, however there was no documentation of R5 receiving any pain medication. This Nurse's note documented R5's family did not want surgical repair done due to R5's poor health condition. On 12/22/15 at 12:05 AM, R5's Nurse's Note documented R5 "grimacing with movement." However, there was no documentation of the facility giving any pain medication until 12/22/15	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIENCY MEDICAL PROPERTION OF DEFICIENCY MEDICAL PROPERTION OF DEFICIENCY MEDICAL PROPERTION OF A CONTROL OF DEFICIENCY MEDICAL PROPERTION OF A CONTROL OF DEFICIENCY MEDICAL PROPERTION OF THE APPROPRIATE OF THE APPROP			

Illinois Department of Public Health STATE FORM

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _____ C 03/30/2016 B. WING IL6016711 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4101 WEST ILES AVENUE CONCORDIA VILLAGE CARE CENTER SPRINGFIELD, IL 62711 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 The EMAR (Electronic Medication Administration Record) Monthly Report for December, 2015 documented that the Tramadol ordered was never given to R5. It documented no pain medication given until 12/22/15. The EMAR For January, 2016, documented R5 was given Acetaminophen as ordered three times per day. The EMAR for February, 2016, documented R5 had only received one dose of Acetaminophen by mouth on 2/15, 2/16, 2/21, 2/24 and 2/25. It documented on 2/25 and 2/28 Acetaminophen 650 mg given rectally. The remainder of the days in February had no documentation of any pain medication given. There was no documentation of the assessment of pain level, causative factors of pain or a plan to manage further episodes of pain. A radiology report, dated 02/04/16, R5's "fracture of the left femoral neck demonstrated mild interval displacement and appears mildly impacted when compared with the previous study." Adding, "the distal fracture part demonstrates slightly greater proximal and medial migration with the fracture site appearing mildly impacted." On 03/29/16 at 4:00 PM, E9, Licensed Practical Nurse (LPN), stated that R5 was routinely given pain medication, but was not sure of how often or when it began. E9 stated that R5 would grimace

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when moved or say "Oh" when she was in pain, and that whenever she was moved, R5 would

On 03/29/16 at 4:10 PM, E10, Certified Nursing Assistant (CNA) stated R5 would grimace as if

show signs of being in pain.

If continuation sheet 4 of 10 L0IS11

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY		
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	she were in pain wh transfers.	nen moved for perineal care or				
	year old male admit with a history of rec with left hip surgery in part. R3's Hospit 3/18/16, documents left proximal femur. proximal femur." R3's Interim Care Pout with pain managinterventions listed. "tailbone." The March 2016 PC document R3 receives	Sheet documents R3 is a 90 ted to the facility on 3/18/16 ent Intertrochanteric fracture, dementia and back surgery all Discharge Summary, dated a "Postsurgical changes of the Chronic fracture of the left allan has Pain Control crossed gement plan checked but no Pain location is identified as OS and admitting orders yed Norco 5-325 one tab				
	every 4 hours for 3 discontinued on 3/2 650 mg every 4 hour order, dated 3/18/16 assess resident for medication as indication as indication.	days following admission, 0/16 and currently has Tylenol urs PRN for mild pain. An 0, documents "Ask and pain and administer pain ated 2x/day and make s note and record pain scale				
	3/18/16 thru 3/20/16 pain management a as receiving the Nor Following the discor 3/20/16, the Medica (MAR) documents Fon 3/20/16 at 3:55 F severity of pain, local pain complaints documents pain resident reports pains	s dated from admission on a have no entries regarding although R3 was documented reco every 4 hours routinely. Intinuation of the Norco on tion Administration Record R3 received Tylenol one time PM with no documentation of ation or circumstances of the tumented but only documents in." There is no				

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	given the progress	notes document R3 has some				
	confusion at times.		1			
	On 3/21/16, at 9:47	7 AM, the progress notes				
	documents pain "c	ontrolled by current				
	interventions" but o	other than the PRN (As				
	needed) Tylenol or	der, there is no interventions AM the same morning	1			
	(3/21/16) the prod	ress notes document "recent				
	increase in pain" w	vith the MAR showing R3	0.000711			
	received Tylenol or	n 3/21/16 at 9:52 AM. There is				
	indication in the pre	ogress notes that the nurse	O TOTAL DE LA CONTRACTION DE L			
	identified the disco	ontinuation of the Norco and the	TITLE CONTRACTOR OF THE PROPERTY OF THE PROPER			
	increase in pain.	At 2:39 PM, the progress notes	The common of th			
	document "controll	led by current interventions."	Management			
	There is no eviden	ice the facility assessed R3's	and the second s			
	pain comprehensive	vely that included possible	NAVIII POOL			
		pain and/or anticipatory pain	The state of the s			
	with movement.					
	On 3/27/16 at 8:2	5 AM, E4, Registered Nurse				
	(RN) gave R3 Tyle	enol for back pain with a				
	severity of 4/10. A	At 5:12 PM, 9 hours after	00 Material Andrews			
	administering the	Tylenol, E4 documented	MILL CONTRACTOR OF THE PERSON			
	"denies any pain a	it this time." E4 did not				
	document the effe	ctiveness of the Tylenol after	named with VOCO			
	giving the medicat	ion to R3 at 8:25 AM.	TYPE STATE OF THE			
		AT ALL DO of the divise	Transcoord			
	On 3/29/16 at 10:4	45 AM, R3 was at the dining	AMAZINE AND			
	room table with Ed	3, Therapy Director/Speech I R3 she would have the nurse	0000			
	inerapist. E0 told	or complaints of pain at the	Programme and associated in the contract of th			- OA BANGO THE
	time The MAR de	ocuments R3 received Tylenol	04-440-00100			
	650 mg at 10:49 a	am that morning for a severity	and the state of t			
	level of 7/10, feeling	ng of pain is "burning,	9.9000			A CANADA MANAGAMAN AND AND AND AND AND AND AND AND AND A
	throbbing", cancer	r pain, pain recent onset related	Annumation according			
	to traumatic event	t with a history of pain but	W-100			
	includes no location	on and no followup to the				
	effectiveness of th	ne Tylenol given at 10:45 AM.				
	At 5:13 PM, 7 hou	ırs later, E3 Licensed Practical				

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	*	-				
	Nurse (LPN) docur	nented R3's severity of pain 'ache" again with no location				
	identified and no T	ylenol documented as given				
	for mild pain.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	•					
		03 PM until 4:34 PM, R3 was				
	sleeping soundly w	ith no visual sign/symptoms of	SOCIONI DE ANTIGORIO DE ANTIGOR			
	pain. At 4:34 PM, E5 and E7, Certified Nurses Aides (CNA) pivoted R3 to the side of his bed. R3 grimaced, moaned and groaned stating "oh					
	the nain why is it s	so painful?" After pivoting to	no esta no de la constanción			
	the side of the bed	, R3 attempted to redistribute	A. Contraction			
	his weight to be mo	ore comfortable as he moaned.	mm-manufold ddd			
	E5 stated "I know i	t's painful" so we'll be quick	6-th-orange and a second			
	and get you into the	e chair. R3 was slid to the	100 CO			
	edge of the bed an	d continued to moan. When				
	don't know" as he	e his pain was, R3 stated "I shook his head. Once in the				
	wheelchair R3 and	peared more comfortable and	****			A PARTIE AND A PAR
	when asked if he v	vanted a pain pill, told E5 "no."				The state of the s
	E5 stated this is ty	pical behavior for R3 in that he	EEO,OOO (I) Parameter (I) Para			70000
	always moans/groa	ans and complains of pain				
	when moved but is	okay when not being moved.	AND SHARESTERM			
	There is no eviden	ice in the progress notes that				
	Eb reported R3's c	complaints of pain to the nurse.	99			
	On 3/30/16 at 8:45	AM, E6 stated R3 typically				
	complains of lea o	r back pain and yesterday, she				
	made sure he had	been given Tylenol before he				
	went into therapy a	after breakfast. E6 stated the	The second secon			
	Physical therapist	assistant (PTA) E8 stated he	Applications and Assetting			
	did well in therapy	with the Tylenol.	Management of the Colonia			
	On 2/20/46 at 40:0	29 AM ES DTA stated P3 will				
	deny nain one time	38 AM, E8 PTA stated R3 will e and another complain of knee)			A100
	nain and/or hack r	pain. E8 stated pain medication	1			
	helps one perform	better and he does think R3				
	does better with th	ne pain medication. E8 stated				
	R3 did well last we	eek and reported being told R3	W 200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	walked in his room	n but hasn't done so good this				

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	surprised that R3 h	ome decline. E8 was nas had only 5 doses of Tylenol and agrees that R3 has pain hich should be anticipated and	-		
	R3 as "unable to ra indicates low back bed mobility and tr documents "due to max VI for safety.	notes dated 3/19/16 document ate pain numerically but and right hip discomfort with ransfer." A note dated 3/29/16 b limited progress this week, posture and gait with // ww (wheelwalker.)"			
	(DON) stated the assessment other notes and provide Observation/Asse policy dated 4/23/"Observations/Ass and documented members of the cevaluate and monto their clinical and frequency of the obsed on the resident and well as the caregitatining. These was a format that aids the resident and pathey work with the family/significant care needs and gassessment is debaseline information should income the coversight of a resident and passessment is debaseline information should income the coversight of a resident and passessment is debaseline information should income the coversight of a resident and passessment is debaseline information should income the coversight of a resident and passessment is debaseline information should income the coversight of a resident and passessment is debaseline information should income the coversight of a resident and passessment is debaseline information should income the coversight of a resident and passessment is debaseline information should income the coversight of a resident and passessment is debaseline information should income the coversight of a resident and passessment is debaseline information should income the coversight of a resident and passessment is debaseline information should income the coversight of a resident and passessment and passessment income the coversight of a resident and passessment in the coversight of a resident and passessment in the covers	AM, E2 Director of Nurses facility does not do any pain than what is in the progress da "Nursing ssments and Documentation" 13. The policy documents sessments will be conducted in the medical record by linical care team in order to litor the resident's status related psychological needs. The observation/assessment is dent level of care and their care and psychosocial status as vers scope of practice and lill be done at a frequency and in the care team in understanding or the care team in understanding or the team and their others in defining/individualizing the dolor of the team and their others in defining/individualizing the care team to provide the defined as to mean to provide the care team in understanding the dolor of the team and their others in defining/individualizing the dolor of the team and their others and their others are team to provide the dolor of the team and their others are the observation and their others are the observation and the fined as to mean to provide the concise, accurate, and entered by the individual	n g s		

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PRINTED: 05/12/2016 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: C 03/30/2016 B. WING IL6016711 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4101 WEST ILES AVENUE CONCORDIA VILLAGE CARE CENTER SPRINGFIELD, IL 62711 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE DATE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 8 S9999 who obtains the data/completes the observation and/or provides for the oversight." This policy has "Pain" listed under Additional Observations and documents "Pain interview or observation as defined in the MDS (Minimum Data Set) 3.0 Users manual will be conducted a minimal of on admission and with each MDS assessment and as needed. If Pain is present, resident will be interviewed as appropriate and/or observation related to pain including intensity, frequency, location and alleviating interventions will be done with follow-up observations as needed until pain is managed per resident individual plan." The facility had no documented comprehensive assessment to determine if R3's pain is acute. chronic, when it most likely occurs and/or is predictable, treatment, and what interventions staff could use to ensure his comfort during movement and therapy. They had no documented assessment regarding the effectiveness of the Tylenol after giving it PRN (as

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to therapy.

needed) as is standard nursing practice.

At 2:30 PM on 3/30/16, E1, Administrator provided a one page policy entitled "Pain Management", undated, which documents the purpose as "The resident has the right to have

The facility had no documented assessment or monitoring tool to identify R3's pain as "incident pain" or pain upon movement and with therapy which is predictable given his fractured hip and surgery status. The facility has no documentation in the progress notes and/or in the interim care plan that includes interventions for staff to use to ensure comfort during these times his ultimate comfort when his acute pain may cause impaired mobility or diminished quality of life including prior

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _____ C 03/30/2016 IL6016711 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4101 WEST ILES AVENUE **CONCORDIA VILLAGE CARE CENTER** SPRINGFIELD, IL 62711 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 9 their pain assessed, managed, and re-evaluated in a timely manner using a team approach that includes input from the resident and their family." The policy documents "all residents are assessed for pain at the time of admission, quarterly, and with any new report of pain and at regular intervals once pain has been identified. Documentation will be completed in the "Pain Management" section of Optimus and will include pain management progress notes. The policy includes a pain scale of 0-10 with 10 being the worse, route of medication and other comfort measures that can be offered such as music, pastoral care, ice, heat, massage, relaxation techniques, position changes, pillow, etc. (B)

Illinois Department of Public Health STATE FORM

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